IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of)	Examiner: Sam K. Ahn
)	
Feng Qian)	Group Art Unit: 2634
)	
For: **VITERBI DECODER WITH**)	Confirmation No.: 8606
ADAPTIVE TRACEBACK)	
)	Customer No.: 08933
Serial No.: 09/686,675)	
)	
Filed: October 11, 2000)	**AMENDMENT**
)	
Atty. Docket No.: N1272-00900)	

Mail Stop Non-Fee Amendment
Commissioner for Patents and Trademark
P.O. Box 1450
Alexandria, VA 22313-1450

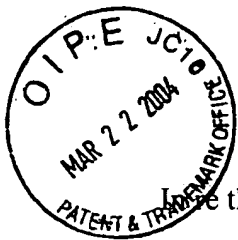### RESPONSE TO OFFICE ACTION DATED DECEMBER 24, 2003

Dear Sir:

In Response to the Office Action mailed December 24, 2003, please amend the above-identified application as indicated, and re-examine and reconsider the application based on the amendments and remarks provided.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Amendments to the Drawings begin on page 6 of this paper and include two Replacement Sheets attached hereto.

Remarks/Arguments begin on page 7 of this paper.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of Feng Qian.　　　　　　) 　Examiner: Sam K. Ahn
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For: 　**VITERBI DECODER WITH ADAPTIVE** 　) 　Group Art Unit: 2634
　　　　TRACEBACK 　　　　　　　　　　　)
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Serial No.: 09/686,675 　　　　　　　　　　　)
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Filed: October 11, 2000 　　　　　　　　　　)
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Atty. Docket No.: N1272-00900 　　　　　　) 　**TRANSMITTAL**

CERTIFICATE OF MAILING
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 17, 2004, in San Diego, CA.

_____
Maria E. Provencio

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MAR 2 3 2004

Technology Center 2600

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

1.　Transmitted herewith for filing in the above-identified patent application is a <u>Response to Office Action Dated December 24, 2003</u>.

2.　Claim Fee Calculation
　　__X__　No additional claim fee is required.
　　_____　Amendment increases number of claims or multiple dependencies.

Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	1201	3 – 3 =	0 x	$86=	$ 0
Total Claims	1202	20 – 10 =	0 x	$18=	$ 0

Total Fees Due .... $ -0-

3.　Payment of Fees
　　__X__　The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. N1272-00900.

By: _____
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